

STATE OF MAINE

OCCUPATIONAL THERAPY PRACTICE

APPLICATION FOR LICENSURE

- Temporary Occupational Therapist
- Temporary Occupational Therapy Assistant



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Occupational Therapy Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Reference Form
- Verification of Education Form
- Supervisor's Affidavit
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch32sec0.html> or call (207) 624-8626

- Licensing Rules for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#477> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

Applications will not be processed until all documentation is received. It is the responsibility of the applicant to see that all documentation is completed and returned to the board for consideration. If you need any further information please contact Jennifer Hawk at (207) 624-8626.

REQUIREMENTS FOR TEMPORARY LICENSURE

A temporary license may be granted to a person who has completed the education and experience requirements. This temporary license allows the person to practice occupational therapy under the supervision of a licensed occupational therapist. This license is valid until the results of the next scheduled national examination taken by the person are available to the Board. Please see Title 32, Chapter 32, § 2278 for complete information.

Applicants for temporary licensure must submit:

- ☐ Application with all sections completed;
 - ☐ Payment of an Application Fee of \$60.00;
 - ☐ Payment of a Licensure Fee of \$25.00 (Temporary Occupational Therapist);
or
 - ☐ Payment of a Licensure Fee of \$20.00 (Temporary Occupational Therapy Assistant);
 - ☐ Payment of a Criminal History Records Check Fee of \$21.00;
- Note: All Fees can be in one payment**
- ☐ Completed Supervisor's Affidavit;**
 - ☐ Official transcript or completed verification of education form;
 - ☐ Current HIPDB/NPDB Self-query Reports – must be dated within the last six (6) months;
 - ☐ Two professional references addressing ethical practice – see Board Reference Forms; and
 - ☐ Documentation of NBCOT approval to sit for the certification examination.

****Please note: the Board must be notified of any change in the temporary licensee's supervisor within 15 days. Such notification shall be in the form of a signed supervisor's affidavit form and mailed directly to the board. Please refer to Board Rule Chapter 5, Section (3)(4)(B)**

REQUIREMENTS FOR CHANGE OF STATUS

To change from a temporary to a permanent license, submit the following:

- ☐ Completed and signed application for permanent licensure;
- ☐ Written request for change of status;
- ☐ Payment of a Licensure Fee of \$80.00 (Occupational Therapist);
or
- ☐ Payment of a Licensure Fee of \$70.00 (Occupational Therapy Assistant);
- ☐ Completed supervisor's affidavit (Occupational Therapy Assistants only);
- ☐ Official Transcript, if not previously submitted;
- ☐ Current HIPDB/NPDB Self-query Reports – must be dated within the last six (6) months; and
- ☐ Verification of certification form completed and signed by NBCOT. (Form is available at <http://www.nbcot.org/>) Applicants applying within three months of having taken the examination, who have had the examination score sent directly to the board, are exempt from this requirement.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one) NO YES	
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES	
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Occupational Therapy Practice	
Please Select License Type:	
<input type="checkbox"/> Temporary Occupational Therapist (TO1421)	Office Use Only: 1421 - \$25.00 1421 - \$20.00 1446 - \$60.00 2619 - \$21.00
Required Fee: \$106 (includes Criminal History Records Check Fee)	
<input type="checkbox"/> Temporary Occupational Therapy Assistant (TA1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Required Fee: \$101 (includes Criminal History Records Check Fee)	
Rev. 7/2008	

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST MIDDLE INITIAL LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

EMPLOYMENT INFORMATION

Current or Intended Place of Employment:

Name		Street address	
City/town	State	Zip code	Telephone #

Employment (reflecting occupational therapy practice for the last three years or two jobs):

Facility	Address	Position	Dates
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AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of Applicant

Date



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

REFERENCE FORM

Name of applicant _____

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? If so, how _____

Please give a brief statement of your knowledge of the applicant's ethical practice of occupational therapy:

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: _____



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637



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VERIFICATION OF EDUCATION FORM

This verification form must be completed by an appropriate official - Dean, Director -from the educational institution where the applicant received the occupational therapy degree. If the institution does not use a school seal, the official signing the verification must sign in the presence of a Notary Public. **After completion, please mail this document directly to the Maine Board of Occupational Therapy at the address shown below.**

I hereby certify _____ has completed all didactic and
(Name, please print)
clinical education requirements of the Occupational Therapy Program on the _____
day of _____ 20____ and was granted /will be granted a degree of _____
(underline one)
Occupational Therapy or Occupational Therapy Assistant on _____ day
(circle one)
of _____ 20____ by:

Name of Educational Institution

SCHOOL SEAL

Street

City

State

Zip

Signature

Title

DATE

Print Name Here

Telephone Number

If a Notary Public is used in place of a school seal, this statement must be completed:
Subscribed and sworn to before me this _____ day of _____ 20____.

Signature of Notary Public

My Commission Expires: _____

SEAL



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ANNE L. HEAD
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National Practitioner Data Bank ("NPDB") and Healthcare Integrity and Protection Data Bank ("HIPDB")
Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **"National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system."

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB's website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395

Dated: September 28, 2007